

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: **John Shanklin, et al.**

Application No.: **10/822,370** Examiner: **T. Saidha**

Filing Date: **April 12, 2004** Art Unit: **1652**

Confirmation No.: **2864** Attorney Docket No.: **BSA 04-11**

Title: **MUTANT FATTY ACID DESATURASE AND METHODS
FOR DIRECTED MUTAGENESIS**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

FILING FEE CORRECTION

On the date of filing, the Applicant noted that the following amount was to be charged to Deposit Account 02-3977:

Utility Filing Fee	\$385
53 total claims (33 excess X \$9)	\$297
8 Independent Claims (5 excess X \$43)	\$215
<u>Multiple Dependent Claim(s)</u>	<u>\$140</u>
Total	\$1,037

It has come to our attention that this was calculated incorrectly. The correct calculation follows.

Correct calculation based on application as filed:

Utility Filing Fee	\$385
62 total claims (42 excess X \$9)	\$378
8 Independent Claims (5 excess X \$43)	\$215
<u>Multiple Dependent Claim(s)</u>	<u>\$145</u>
Total	\$1,123

Amount charged to Deposit Account 02-3977 by The Office on 4/24/2004: \$899.00

Deficiency owed: \$224

The practitioner hereby avers that Applicant's payment errors were made without deceptive intent and request their excusal.

Please charge the amount of \$224.00 to Deposit Account 023977. If any additional fees are due or any overpayment has been made, please charge or credit Deposit Account No. 02-3977 for such sum.

April 13, 2007

Registration No.:45,772

Telephone No.:(631) 344-7134

Christine L. Brakel

Signature of Practitioner

Christine L. Brakel

(Type Name of Practitioner)

Brookhaven National Laboratory
Office of Intellectual Property & Sponsored
Research
PO Box 5000
Upton, New York 11973-5000

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

04/14/2004 YPOLITE1 00000017 023977 10822370

01 FC:2001	385.00 DA
02 FC:2202	369.00 DA
03 FC:2203	145.00 DA

899.00

PTO-1556
(5/87)

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or PCT Number

10822370

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	59	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	61 minus 20 =	* 41
INDEPENDENT CLAIMS	2 minus 3 =	* 9
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☒

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X\$ 9=	364
X43=	
+145=	145
TOTAL	899

RATE	FEE
BASIC FEE	770.00
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10822370**
APPLICANT(S)

FILED DATE **4-12-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Index of Claims



Application/Control No.

10/822,370

Examiner

Tekchand Saidha

Applicant(s)/Patent under
Reexamination

SHANKLIN ET AL.

Art Unit

1652

✓	Rejected
=	Allowed

—	(Through numeral) Cancelled
÷	Restricted

N	Non-Elected
I	Interference

A	Appeal
O	Objected

Claim		Date											
Final	Original	10/23/06											
	1	✓											
	2	✓											
	3	✓											
	4	✓											
	5	✓											
	6	✓											
	7	✓											
	8	✓											
	9	✓											
	10	✓											
	11	O											
	12	O											
	13	O											
	14	O											
	15	O											
	16	O											
	17	O											
	18	N											
	19	N											
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	26	N											
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	39	N											
	40	N											
	41	N											
	42	N											
	43	N											
	44	N											
	45	N											
	46	N											
	47	N											
	48	N											
	49	N											
	50	N											

Claim		Date											
Final	Original	10/23/06											
	51	N											
	52	N											
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Claim		Date											
Final	Original												
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